

**STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES**

PRE-AWARD SURVEY

1. Agency_____ Proposed_____
2. Address_____ Contract Period_____
- _____ Contract Funding \$_____
3. Telephone Number_____ Contract Number(s)_____
4. Director_____ Federal ID# _____
5. Name and title of Provider Agency's contact person:

6. List of books and records maintained by the Provider Agency:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

7. a. If the Provider Agency sponsors more than one program and/or receives funds from more than one source, do accounting records properly separate and identify various funding sources and related disbursements? If not, briefly explain the method of accounting for various funding sources and programs in the accounting records and budget documents.

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- b. Is the financial and other data reported to other State and federal governmental agencies consistent with that reported to the Department?

8. a. Is an indirect cost rate or cost allocation plan utilized by the Provider Agency?

- b. Has the rate or plan been approved by a recognized authority?

Explain method of accounting for indirect cost and attach (approved) copies of computation of indirect cost rate, or cost allocation plan, if available.

9. Are accounting records maintained? _____

- a. On premises by an internal accounting staff? _____

- b. Off premises by an employee? _____

Name: _____ Address: _____

- c. Off premises by an outside accountant retained as a consultant? _____

Name: _____ Address: _____

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	<u>Yes</u>	<u>No</u>	<u>N/A</u>
10. Does the Provider Agency have the following:			
a. New Jersey Non-Profit Corporate Registration	_____	_____	_____
b. New Jersey Sales Tax Exemption Certificate	_____	_____	_____
c. Tax Exempt Status Determination from IRS	_____	_____	_____
	<u>Yes</u>	<u>No</u>	<u>N/A</u>
11. Does the Provider Agency have an approved operating license as required?	_____	_____	_____
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12. Has the Provider Agency undergone annual audits for the past three years?	_____	_____	_____
If yes, by whom? And when? Obtain and analyze a copy of latest audit report.			
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13. Are all employees who handle cash, securities, and other valuables bonded? If yes, what is the Amount of the bond?	_____	_____	_____
\$_____			
14. Has a determination been made by the NJ Department of Law and Public Safety regarding the Provider Agency's requirement to file charities registration data with the NJ Attorney			

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General in compliance with the Charitable Fund
Raising Act of 1971 (Amended)? _____

a. If so, determine the current status
of the Provider Agency's compliance
by contacting the NJ Department of Law
and Public Safety, Charities Registration
Section.

Comments:

b. Obtain a copy of latest report filed with Charities Registration.		<u>Yes</u>	<u>No</u>	<u>N/A</u>
15.	Does the Provider Agency have formal Procedures for:			
a.	Cash receipts	_____	_____	_____
b.	Petty cash	_____	_____	_____
c.	Fixed asset records	_____	_____	_____
d.	Notes/accounts payable	_____	_____	_____
e.	Purchases and expenses	_____	_____	_____
f.	Payroll and personnel (to include time sheet requirements)	_____	_____	_____
g.	Client attendance and eligibility (if applicable)	_____	_____	_____
Obtain a copy of the above procedures and documents used to implement these procedures, and determine if there is adequate segregation of duties.				
16.	Are Board meeting scheduled on a regular basis? obtain a list of current Board members.	_____	_____	_____
17.	Does the Provider Agency have written policies in accordance with the Department's policies			

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Addressing:

- | | | | | |
|-----|---|-------|-------|-------|
| a. | Nepotism (DCF.P8.05) | _____ | _____ | _____ |
| b. | Conflict of Interest (DCF.P8.05) | _____ | _____ | _____ |
| c. | Non-discrimination (DCF.P8.10) | _____ | _____ | _____ |
| 18. | Does the Provider Agency currently have or anticipate any type of litigation or appeal process which might impact upon its financial condition? | _____ | _____ | _____ |
| 19. | Have all payroll tax deductions been deposited in a timely manner? | _____ | _____ | _____ |
| 20. | Have all payments for employee benefits plans been made in a timely manner? | _____ | _____ | _____ |

CONCLUSION:

As a result of our _____ examination of the books and records of the
(DATE)
_____, it is our opinion that this agency (is, is not)
(PROVIDER AGENCY)
financially viable and fiscally capable of performing under contract with the State of New Jersey.

Signature, Name and Departmental Component of
person performing the review

(Signature)

(Name)

(Departmental Component)

(Date)

(Phone No.)

Signature of Appropriate Departmental Component
Contract Manager/Supervisor

(Signature)

(Date)